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28
16 UNITED STATES DISTRICT COURT

17 DISTRICT OF NEVADA

18 THE VACCINE CENTER LLC, d/b/a
19 THE VACCINE CENTER AND TRAVEL
20 MEDICINE CLINIC, a Nevada limited
liability company,

21 Plaintiff,

22 vs.

23 GLAXOSMITHKLINE LLC, a Delaware
24 limited liability company; APEXUS,
INC., a Delaware corporation;
25 SOUTHERN NEVADA HEALTH
DISTRICT; DOES I – X and ROE
CORPORATIONS I – X, inclusive,

26 Defendants.

27 Case No. 2:12-cv-01849-JCM-NJK

28 EXHIBIT 1-A FILED UNDER SEAL
PURSUANT TO COURT ORDER
DATED FEBRUARY 25, 2013

**DEFENDANT GLAXOSMITHKLINE'S
MOTION FOR SUMMARY
JUDGMENT**

(Oral Argument Requested)

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1 Pursuant to Rule 56 of the Federal Rules of Civil Procedure and Local Rule 56-
 2 1, Defendant GlaxoSmithKline LLC (“GSK”) requests that the Court grant summary
 3 judgment in its favor and against plaintiff, The Vaccine Center, a for profit business
 4 owned and operated by Jonathan Baktari, M.D. This Motion is made and based on
 5 the following memorandum of points and authorities, the declaration of Edward
 6 Chang attached hereto as Exhibit 1, the declaration of Bonnie Sorenson attached
 7 hereto as Exhibit 2, the attached exhibits, the papers and pleadings on file, and any
 8 oral argument the Court may deem necessary. In addition, in order to avoid
 9 repetitious briefing to the Court, GSK joins the Motion for Summary Judgment filed
 10 by Defendant Apexus, Inc. (“Apexus”).

11 **MEMORANDUM OF POINTS AND AUTHORITIES**

12 **I. INTRODUCTION**

13 This lawsuit arises from The Vaccine Center’s complaint that its for-profit
 14 enterprise is less profitable because it supposedly loses vaccinations (and, thus, sales)
 15 to a public health district that inoculates members of the public with vaccines
 16 purchased from GSK through a federally conceived and directed program.
 17 Specifically, The Vaccine Center’s Amended Complaint alleges that GSK’s discounted
 18 sales of vaccines to the Southern Nevada Health District (“SNHD”), made pursuant
 19 to the congressionally enacted Prime Vendor Program, constitute price
 20 discrimination in violation of the Robinson-Patman Act.

21 The premise of plaintiff’s claim is simple: as a for-profit vaccine and travel
 22 medicine provider, federal statute prevents it from purchasing vaccines under the
 23 Prime Vendor Program; therefore, it does not have access to the same prices
 24 available to SNHD, which qualifies as an entity able to purchase as part of the Prime
 25 Vendor Program. SNHD is a covered entity for that Program pursuant to 42 U.S.C.
 26 § 256(b)(a)(4), which defines the eligibility of health care organizations, most
 27 commonly based on receiving federal grants. As a statutorily created public health
 28

1 organization, SNHD provides, among other services, immunizations to members of
 2 the community to prevent the spread of communicable disease.

3 The misguided nature of the claim against GSK virtually leaps off the page.
 4 According to plaintiff, by participating in a federal program to sell vaccines at
 5 discounts to a statutorily created public health organization, enabling it to better
 6 fulfill its public health mission by vaccinating a larger segment of the public (at lower
 7 costs to it and consumers), GSK owes a for-profit vaccine center punitive treble
 8 damages for violating the federal antitrust laws. Not surprisingly, the law does not
 9 permit a federal program participant like GSK to be whipsawed in this way. Instead,
 10 any grievance The Vaccine Center may have is not one properly aimed at GSK or any
 11 other defendant. The federal government, acting through the Office of Pharmacy
 12 Affairs of the Health Resources Services Administration (an agency of the U.S.
 13 Department of Health and Human Services), directed that vaccines be included in
 14 the Prime Vendor Program; any challenge the government's decision do so should be
 15 directed at it, not private parties.¹ As a result, GSK, acting with the endorsement
 16 and consent of the government, is immune from antitrust liability for its sale of
 17 vaccines to SNHD pursuant to the Prime Vendor Program.

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¹ Plaintiff is in effect challenging the scope of HRSA's discretion. Such a challenge should be made directly against the United States under the Administrative Procedure Act. See Cal. ex rel. Imperial County Air Pollution Control Dist. v. United States Dep't of Interior, No. 09-2233, 2012 U.S. Dist. LEXIS 49020, at *14 (S.D. Cal. Apr. 6, 2012) ("The APA provides 'the sole means for testing the legality of federal agency action' when an agency is alleged to have violated a federal law that confers no private right of action or whose citizen suit provision is not applicable to the particular dispute.") (citations omitted); see also Glacier Park Found. v. Watt, 663 F.2d 882, 885 (9th Cir. 1981) ("A plaintiff need not establish a private right of action under a statute before it may sue under the APA."). Similarly aggrieved parties regularly choose this path. See, e.g., Managed Pharm. Care v. Douglas, No. 12-55067, 2012 U.S. App. LEXIS 25478 (9th Cir. Dec. 13, 2012) (suit under APA brought against HHS by providers of California Medicaid services regarding Secretary's interpretation of Medicaid statute and approval of State's reduction of reimbursement rates to providers); Pinnacle Health Hosps. v. Sebelius, 681 F.3d 424, 426 (D.C. Cir. 2012) (hospitals brought suit pursuant to APA against HHS for denial of Medicare reimbursement claim for the losses the hospitals sustained during a consolidation).

1 Moreover, even if GSK's conduct were not immune, the federal Nonprofit
 2 Institutions Act ("NPIA") exempts the vaccine sales to SNHD. As a charitable
 3 institution for purposes of the NPIA, purchases of supplies for SNHD's "own use" do
 4 not fall within the Robinson-Patman Act. Whether items are for an entity's "own
 5 use" asks if the use promotes the "intended institutional operation" of the entity.

6 SNHD operates an immunization program that serves the needs of the
 7 community and furthers its goal of protecting and promoting "the health, the
 8 environment and well-being of Southern Nevada residents and visitors." As SNHD's
 9 Immunization Program Policy Statement explains, "Providing vaccinations is a core
 10 public health function, a vital public health tool, and one of the most cost-effective
 11 public health-promoting interventions a public health authority . . . can perform."²
 12 By ordinance, SNHD is charged "[t]o take whatever action that is necessary to
 13 control communicable diseases." Improved access to and inoculation by vaccines,
 14 which follows from SNHD's efforts in this area, unquestionably advances the goal of
 15 improving public health by lowering the public risk of communicable disease.
 16 Vaccines used by SNHD in this manner, therefore, fall outside the bounds of the
 17 Robinson-Patman Act and cannot be the basis for plaintiff's claims.

18 **II. FACTUAL BACKGROUND**

19 In its motion for summary judgment, Apexus, the federally selected, nonprofit
 20 administrator of the Prime Vendor Program, describes the origins and parameters of
 21 the program, including its inception from federal statute and the federal agency
 22 HRSA. GSK participates in the Prime Vendor Program, selling vaccines to those
 23 charitable and public health entities that meet the designated statutory standards
 24 for "covered entities." GSK incorporates by reference the procedural and factual

27 ² SNHD Immunization Program Policy Statement, available at
 28 <http://www.southernnevadahealthdistrict.org/download/nursing-iz-policy-statement.pdf>.

1 background set forth in Apexus's Motion for Summary Judgment. This section,
2 therefore, focuses on facts not referenced in Apexus's motion

Disease prevention is a fundamental component of public health. Vaccines play a substantial role in disease prevention by reducing the risk of the spread of diseases, benefiting not just those who have been inoculated but the community at large. This is known as “herd immunity” because once immunization levels reach a critical mass, the entire population, even those members who are unvaccinated, benefits.³ But eradicating disease in this manner relies on widespread vaccination. Nevada, lagging behind the national average for immunization rates, has a particularly pressing need to increase access to vaccines.⁴

1 SNHD purchases vaccines from GSK for use throughout its immunization
2 program. Included among the immunizations provided are: vaccines for children,
3 seasonal flu vaccines, pneumonia vaccines for the elderly, vaccines for travelers, and
4 vaccines for college students. In addition, SNHD administers routine vaccines on an
5 age-appropriate basis in its clinics.⁵ Plaintiff's complaint focuses only on vaccines
6 purchased by SNHD pursuant to the Prime Vendor Program.

The Vaccine Center has purchased four vaccines from GSK: Boostrix, Havrix, Engerix, and Twinrix, adult vaccines for, respectively, tetanus/diphtheria/pertussis, hepatitis A, hepatitis B, and a combination of both hepatitis A and B. Diphtheria and pertussis are both respiratory diseases that, before widespread vaccination, posed serious health risks, particularly to children.⁶ Tetanus is a life-threatening

³ Community Immunity, vaccines.gov, available at <http://www.vaccines.gov/basics/protection/>.

⁴ Nevada State Immunization Program, Legislative Briefing, March 2011, available at <http://health.nv.gov/BudgetDocuments/2012-2013/NevadaStateImmunizationProgram-LegislativeBriefing.pdf>.

⁵ SNHD formerly entered into contracts with local employers to provide vaccinations to employees.

⁶ Centers for Disease Control and Prevention, Pertussis (Whooping Cough), available at <http://www.cdc.gov/pertussis/>; Centers for Disease Control and Prevention, Diphtheria Vaccination, available at <http://www.cdc.gov/vaccines/vpd-vac/diphtheria/default.htm>.

1 disease, transmitted typically through contaminated soil, dust, or manure entering
 2 through breaks in the skin.⁷ Full vaccination is by far the best prevention of the
 3 diseases.⁸ Immunization for tetanus, diphtheria, and pertussis is commonly given as
 4 a combination vaccine, and a booster is recommended for adults every ten years. As
 5 plaintiff acknowledges, vaccines for hepatitis A and hepatitis B are two of the most
 6 widely administered in the country. (Am. Compl. at ¶ 43.) Nevertheless, hepatitis A
 7 and B present serious public health challenges. Hepatitis is the leading cause of liver
 8 cancer in the United States.⁹ Each year there are 51,000 new cases of hepatitis B, 95
 9 percent of which are adults.¹⁰ And 15 percent of people afflicted with hepatitis A are
 10 hospitalized each year.¹¹ The U.S. Departments of Health and Human Services,
 11 Housing and Urban Development, Justice, and Veterans Affairs issued an Action
 12 Plan for the Prevention, Care, & Treatment of Viral Hepatitis that identifies
 13 eliminating transmission of vaccine-preventable viral hepatitis as one of its priority
 14 areas.¹² To achieve this goal, increasing access to vaccinations, particularly for
 15 vulnerable adults and youth through collaboration with nonfederal entities such as
 16 “public health and community stakeholders” is key.¹³ Indeed, “success in eliminating
 17 transmission of vaccine-preventable viral hepatitis will require the involvement of
 18 the many parts of the public health, medical, and research communities, including
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21 ⁷ Centers for Disease Control and Prevention, About Tetanus, available at
 22 <http://www.cdc.gov/tetanus/about/index.html>.

23 ⁸ Id.

24 ⁹ Centers for Disease Control and Prevention, Viral Hepatitis, available at:
 25 <http://www.cdc.gov/hepatitis/index.htm>.

26 ¹⁰ SNHD, Immunization Program, Adult Vaccines, available at
 27 <http://www.southernnevadahealthdistrict.org/immunizations/adult-immunizations.php>.

28 ¹¹ Id.

29 ¹² Department of Health & Human Services, Action Plan for Prevention, Care, &
 30 Treatment of Viral Hepatitis, available at <http://aids.gov/pdf/viral-hepatitis-action-plan.pdf>.

31 ¹³ Id.

1 health departments, health care providers . . . pharmaceutical companies and others
 2 in the vaccine industry.”¹⁴

3 SNHD, created by Nevada law, NRS 439.361 et seq., is a public health
 4 organization whose geographical boundaries include nearly 70 percent of Nevada’s
 5 population.¹⁵ It has jurisdiction over all public health matters in the health district.
 6 NRS 439.366(2). The mission of the health district reflects its broad statutory
 7 authority: “to protect and promote the health, the environment and the well-being of
 8 Clark County residents and visitors.” It has been specifically tasked by statute with
 9 the authority to regulate “the prevention, suppression, and control of any contagious
 10 or infectious disease dangerous to the public health.” NRS 439.350(2). Pursuant to
 11 federal statutory standards, SNHD qualifies as a “covered entity” for purposes of the
 12 340B Drug Pricing Program and its offshoot, the Prime Vendor Program. 42 U.S.C.
 13 § 256(b)(a)(4). As a covered entity, SNHD is entitled to purchase discounted
 14 products, including vaccines, that are part of the program.

15 GSK, like many other drug manufacturers, participates in the Prime Vendor
 16 Program and, accordingly, negotiates with Apexus, the Prime Vendor, over the
 17 products, and prices, GSK offers covered entities that purchase as part of the
 18 program.¹⁶ As explained in detail in Apexus’s Motion, vaccines were added to the
 19 Prime Vendor Program in response to requests from covered entities and at the
 20 express consent of HRSA’s Office of Pharmacy Affairs, the federal division tasked
 21 with administering the program. (Apexus Mot. at IV.D and IV.E.) HRSA’s
 22 endorsement of the inclusion of vaccines was evidenced in the agency’s specific
 23 request that applicants for serving as the Prime Vendor address their ability to
 24 secure discounts on vaccines. (Id. at IV.E.) Recognizing the importance of

25 ¹⁴ Id.

26 ¹⁵ SNHD, General Information, available at
 27 <http://www.southernnevadahealthdistrict.org/general-information.php>.

28 ¹⁶ Apexus, About Us, available at <https://www.340bpvp.com/about-us/>.

1 widespread access to vaccines, the agreement between Apexus and GSK currently
 2 includes all vaccines sold by GSK. (Pharmacy Supplier Agreement, attached as
 3 Exhibit 1-A.) As a qualifying covered entity, SNHD has access to the prices
 4 negotiated on the government's behalf by Apexus.

5 **III. ARGUMENT**

6 **A. GSK's Conduct Is Immune from Antitrust Scrutiny**

7 The Court should grant summary judgment in favor of GSK because "the
 8 pleadings, depositions, answers to interrogatories, and admissions on file, together
 9 with the affidavits, if any, show that there is no genuine issue as to any material
 10 fact." Celotex Corp. v. Catrett, 477 U.S. 317, 322 (1986) (citing FED. R. CIV. P. 56(c)).
 11 Plaintiff claims that GSK's sales of vaccines to SNHD pursuant to the Prime Vendor
 12 Program constitute price discrimination in violation of the Robinson-Patman Act.¹⁷
 13 GSK's sales pursuant to the Prime Vendor Program, however, are immune from
 14 antitrust scrutiny.¹⁸ It is axiomatic that the United States government is outside the
 15 reach of the antitrust laws. United States v. Cooper Corp., 312 U.S. 600, 614 (1941);
 16 Vt. Agency of Natural Res. v. United States ex rel. Stevens, 529 U.S. 765, 790 (2000);
 17 Dep't of Water & Power v. Bonneville Power Admin., 759 F.2d 684, 693 (9th Cir.
 18 1985).¹⁹ By extension, "private parties acting in compliance with clearly articulated

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20 ¹⁷ Plaintiff initially also asserted that the sales complained of violate the Sherman
 21 Act's prohibition on agreements that unreasonably restrain trade, but voluntarily dropped
 22 that cause of action in filing its amended complaint. (See Amended Complaint, Docket No.
 23 154.)

24 ¹⁸ The parties agreed, and this Court entered a Stipulated Discovery Plan allowing
 25 the parties to address immunity and own use without full discovery. (See Revised Stipulated
 26 Discovery Plan and Scheduling Order, Docket No. 152.) Should this action not be resolved on
 27 the basis of either of these issues, the parties have reserved the ability to file additional
 28 summary judgment motions based on the remaining issues, including those defenses
 typically available in the antitrust context.

¹⁹ The federal government's sovereign immunity includes purchases made by the
 government from private entities. This is because the government is not a "purchaser" for
 purposes of the Robinson-Patman Act. Champaign-Urbana News Agency, Inc. v. J. L. Cummins News Co., 632 F.2d 680, 688 (7th Cir. 1980) ("There is strong evidence in the
 legislative history that the Robinson-Patman Act Amendments were not intended to include
 purchases by the federal government. . . .").

1 government policies and programs are immunized from antitrust liability to the same
 2 extent as the government entity.” IT&E Overseas, Inc., v. RCA Global Commc’ns, Inc., 747 F. Supp. 6, 11 (D.D.C. 1990) (citing S. Motor Carriers Rate Conf. v. United States, 471 U.S. 48, 56-57 (1985)); see Byers v. Intuit, Inc., 600 F.3d 286, 295 (3d Cir. 2010) (finding that a private party is immune when acting “pursuant to a clearly defined policy or program” and at the “direction or consent of the government agency”); Name.Space, Inc. v. Network Solutions, Inc., 202 F.3d 573, 581 (2d Cir. 2000) (same). This is conduct-based antitrust immunity.

9 When GSK offers discounted prices (negotiated with Apexus acting at the
 10 behest of the federal government) to covered entities as part of the Prime Vendor
 11 Program, it is acting pursuant to a federal program and with the clearly articulated
 12 consent of HRSA, a federal agency. As explained in Apexus’s Motion, the inclusion of
 13 vaccines as part of the program was at the direction of HRSA’s Office of Pharmacy
 14 Affairs, the federal agency responsible for administering the program. (Apexus Mot.
 15 at IV.E.) Its former Director, Captain James Mitchell, who held the position until
 16 2010, confirms that Apexus received approval to include vaccines in the Prime
 17 Vendor Program. (Declaration of J. Mitchell at ¶ 4 attached to Apexus Mot.)

18 HRSA has continued to consistently endorse vaccines as value-added products
 19 within the program. For example, HRSA explained to Congress in 2005 that the
 20 Prime Vendor Program has three primary means of increasing value for participating
 21 covered entities: 1) negotiating drug prices below the statutorily required 340B
 22 ceiling price; 2) entering into favorable distribution agreements with multiple drug
 23 wholesalers; and 3) ***providing discounts on other value-added pharmacy products and***
 24 ***services.***²⁰ These value-added pharmacy products includes vaccines. The HRSA

25 ²⁰ Oversight and Administration of the 340B Drug Discount Program: Improving
 26 Efficiency and Transparency, Hearing Before the S. Comm. on Oversight and Investigations,
 27 109th Cong. 17 (Dec. 15, 2005) (statement of Dennis Williams, Deputy Administrator of
 28 HRSA), available at <http://www.gpo.gov/fdsys/pkg/CHRG-109hhrg30139/pdf/CHRG-109hhrg30139.pdf> (emphasis added). A true and correct copy is attached hereto as Exhibit 3. GSK requests the Court take judicial notice of the information and document, including its
 (continued...)

1 Request for Proposal by which it selected Apexus to administer the Prime Vendor
 2 Program demonstrates as such; it instructed applicants to explain their ability to
 3 offer “[l]ower cost products and services not included in the 340B Program (e.g.,
 4 **vaccines**, etc.).” (Apexus Mot. at IV.E citing Request for Proposal at p. 47, 190, 193
 5 (emphasis added).) In another report to Congress, HRSA accorded vaccines top
 6 billing—listed first among value-added products, when describing the Prime Vendor
 7 Program as including “value-added pharmacy products and services such as **vaccines**,
 8 diabetic supplies, pharmacy software, and outpatient pharmacy automation.”²¹
 9 Thus, the inclusion of vaccines in the Prime Vendor Program was at the direction
 10 and full endorsement of HRSA, the federal agency responsible for administering the
 11 program. As a result, GSK (like Apexus and SNHD), acting in conformance with the
 12 Prime Vendor Program, is immune from antitrust scrutiny for participating in the
 13 program. Byers, 600 F.3d at 295.

14

15 (...continued)

16 terms, appearing on government websites. See Daniels-Hall v. Nat'l Educ. Ass'n, 629 F.3d
 17 992, 998-99 (9th Cir. 2010) (taking judicial notice of official information posted on a
 18 governmental website, the accuracy of which was undisputed); Laborers' Pension Fund v.
Blackmore Sewer Constr., Inc., 298 F.3d 600, 607 (7th Cir. 2002) (taking judicial notice of
 19 information from official website of the FDIC); Simon v. Bank of Am., N.A., No. 2:10-cv-
 00300-GMN-LRL, 2010 U.S. Dist. LEXIS 63480, at *15 n.1 (D. Nev. June 23, 2010) (“The
 20 Court takes judicial notice of this information provided on the government website.”); see also Waterfall Homeowners Ass'n v. Viega, Inc., 283 F.R.D. 571, 574 (D. Nev. 2012)
 21 (“Moreover, under Federal Rule of Evidence 201, a court may take judicial notice of matters
 22 of public record.” (citation and internal quotation marks omitted)); Paralyzed Veterans of Am.
v. McPherson, No. C 06-4670 SBA, 2008 U.S. Dist. LEXIS 69542, *17-18 (N.D. Cal. Sept. 9,
 23 2008) (collecting published cases that took judicial notice of information on official
 24 government websites); Hightower v. City & County of San Francisco, No. C 12-5841-EMC,
 2013 U.S. Dist. LEXIS 12039,* 9-10 (N.D. Cal. Jan. 29, 2013) (“Rule 201 does not bar a court
 25 from taking notice of a legislative fact. It simply means that notice of ‘legislative facts’ is left
 26 unregulated by Rule 201. . . . Federal courts have in fact judicially noticed various ‘legislative
 27 facts’ . . . including determining the validity of administrative regulations.” (citing WRIGHT
 28 & MILLER, FED. PRAC. & PROC. § 5103.2) (internal quotation marks and alterations omitted)).

21 Department of Health and Human Services Fiscal Year 2013 Health Resources and
 22 Services Administration Justification of Estimates for Appropriations Committees at 297-98,
 23 available at <http://www.hrsa.gov/about/budget/budgetjustification2013.pdf> (emphasis added).
 24 A true and correct copy of the relevant excerpt is attached hereto as Exhibit 4. GSK requests
 25 the Court take judicial notice of the information and document, including its terms,
 26 appearing on government websites. Supra n.19.

1 Plaintiff's prior effort to rely on the absence of a direct contract between GSK
 2 and HRSA is the height of formalism over substance. As an initial matter, as
 3 outlined in Apexus's motion, GSK has a contract governing its participation in the
 4 Prime Vendor Program with Apexus, which acts on behalf of and pursuant to its
 5 contract with HRSA to administer HRSA's program. Beyond that, the existence of a
 6 contract is not required for a private entity to be immune under a conduct-based
 7 theory of immunity. As the name suggests, it is the conduct, not whether there is a
 8 contract, that is relevant. See Name.Space, Inc., 202 F.3d at 581 ("mere status as a
 9 government contractor" insufficient to confer conduct-based immunity). Indeed, the
 10 court in Byers v. Intuit made this very point when it held that "conformance" to IRS
 11 policy was the basis for invoking immunity. Byers, 600 F.3d at 295. To hold
 12 otherwise would achieve the absurd result that only Apexus—but not GSK—would
 13 be immune for GSK's participation in the Prime Vendor Program. Yet the very
 14 purpose of the program, driven by HRSA, directs that drug manufacturers such as
 15 GSK provide discounts to covered entities.

16 For these reasons, as well as those articulated in Apexus's Motion, plaintiff's
 17 claims fail and this Court should enter judgment finding that GSK is immune from
 18 the complained of conduct.

19 **B. GSK's Sales to SNHD Fall Under the "Own Use" Exemption to the
 20 Robinson-Patman Act**

21 Even if GSK's vaccine sales to SNHD were not immune from antitrust
 22 scrutiny, plaintiff's claims fail because the challenged sales are statutorily exempt
 23 from the Robinson-Patman Act. The Act "makes it unlawful for one engaged in
 24 commerce to discriminate in price between different purchasers of like commodities
 25 when, among other things, 'the effect of such discrimination may be substantially to
 26 lessen competition.'" Abbott Laboratories v. Portland Retail Druggists Assoc., 425
 27 U.S. 1, 3-4 (1976) citing 15 U.S.C. § 13(a). The Nonprofit Institutions Act ("NPIA"),
 28 however, establishes that the Robinson-Patman Act does not reach purchases of

1 supplies to “schools, colleges, universities, public libraries, churches, hospitals, and
 2 charitable institutions not operated for profit” that are “for their own use.” 15 U.S.C.
 3 § 13(c). The purpose of this exemption “was undoubtedly to permit institutions which
 4 are not in business for profit to operate as inexpensively as possible.” Logan Lanes,
 5 Inc. v. Brunswick Corp., 378 F.2d 212, 216 (9th Cir. 1967). To qualify for this
 6 exemption: (i) SNHD must fall into one of the categories of eligible institutions and
 7 (ii) the vaccines purchased must be for SNHD’s “own use.” SNHD easily satisfies
 8 both criteria.

9 **1. SNHD Qualifies as a “Charitable Institution” Not Operated for
 10 Profit**

11 In its opposition to SNHD’s motion to dismiss, The Vaccine Center concedes
 12 that SNHD qualifies as a non-profit under the NPIA; plaintiff challenges only that
 13 SNHD purchased the vaccines for its “own use.” (See Docket No. 56, p. 17.)
 14 Nevertheless, there is no question that SNHD would otherwise qualify. As the Ninth
 15 Circuit has explained, there is little instruction on what qualifies as a “charitable
 16 institution” for purposes of the NPIA. De Modena v. Kaiser Foundation Health Plan,
 17 Inc., 743 F.2d 1388, 1391 (9th Cir. 1984). The inquiry, here, as it did in De Modena,
 18 turns on the meaning of “charitable” institutions. Id. at 1392. Although in the
 19 healthcare context the term was first limited to organizations funded by donations,
 20 as the landscape of healthcare in this country has changed, the term “charitable” now
 21 applies to “all non-profit organizations which promote health.” Id. Applying this
 22 understanding of “charitable,” the Ninth Circuit held that regional Kaiser Health
 23 plans—each a health maintenance organization (HMO) that contracted with
 24 members to provide health-related services through related organizations in
 25 exchange for a monthly fee—qualified as “charitable institutions” for purposes of the
 26 NPIA. Id. The U.S. Federal Trade Commission (“FTC”) likewise issued an Advisory
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 28

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1 Opinion holding that a nonprofit Kaiser Health HMO was “charitable” for purposes of
 2 the NPIA.²²

3 Under the analysis adopted by the Ninth Circuit in De Modena, SNHD must
 4 also be considered a charitable institution not operated for profit under the NPIA.
 5 SNHD is a public health organization created by Nevada statute. NRS 439.361 et
 6 seq. Its mission is to promote and protect “the health, the environment and well-
 7 being of Southern Nevada residents and visitors.”²³ Empowered with jurisdiction
 8 over “all public health matters in the district,” it is specifically tasked with regulating
 9 “the prevention, suppression, and control of any contagious or infectious disease
 10 dangerous to the public health.” NRS 439.350(2). It is beyond dispute that these
 11 goals are “charitable” in nature. De Modena, 743 F.2d at 1392; see also Sec. & Exch.
 12 Comm'n v. Children's Hosp., 214 F. Supp. 883, 889–90 (D. Ariz. 1963) (in context of
 13 exemption from Securities Act, a healthcare organization is “not required to furnish
 14 free services to the indigent as a condition precedent to a ‘charitable’ exemption, as
 15 long as the hospital is devoted to . . . aiding in maintaining public health”).

16 Indeed, the touchstone of an entity organized for charitable purposes is that
 17 any funds it derives are not used for private gain but rather held in trust in
 18 furtherance of the goals and maintenance of the organization. Children's Hosp., 214
 19 F. Supp. at 889–90, citing People ex rel. Cannon v. Southern Illinois Hospital Corp.,
 20 404 Ill. 66 (1949); Southern Methodist Hospital and Sanatorium of Tucson v. Wilson,
 21 77 P.2d 458, 459 (Ariz. 1938); see also Logan Lanes, 378 F.2d at 216 (considering fact

22 The FTC issues advisory opinions to “help clarify FTC rules and decisions, often in response to requests from business and industry groups.” Federal Trade Commission, Advisory Opinions, available at <http://www.ftc.gov/policy/advisory-opinions>; see also Federal Trade Commission, Kaiser Foundation Health Plan, Inc., Advisory Opinion, Feb. 13, 2008, available at <http://www.ftc.gov/sites/default/files/documents/advisory-opinions/kaiser-foundation-health-plan/080213kaiser.pdf>. A true and correct copy is attached hereto as Exhibit 5. GSK requests the Court take judicial notice of the information and document, including its terms, appearing on government websites. Supra n.19.

23 Southern Nevada Health District, available at <http://www.southernnevadahealthdistrict.org/index.php>.

1 that net income went to funding student activities or improvement of university in
 2 concluding that bowling alleys at issue were not operated for profit). Here, any fees
 3 derived from the administration of vaccines²⁴ are statutorily required to be held in a
 4 fund created specifically for the Health District. NRS 439.363. This fund “may only
 5 be used to provide funding for the health district.” Id. Without doubt, this qualifies
 6 SNHD as a “charitable institution not operated for profit” for purposes of the NPIA.

7 **2. The Vaccines Sold by GSK to SNHD Are for SNHD’s Own Use**

8 The second inquiry—whether the vaccines were for SNHD’s own use—is
 9 answered with equal certainty. In Abbott Laboratories, the Supreme Court
 10 established the definition of “own use” as use that is “part of and promotes [the
 11 entity’s] intended institutional operation.” Abbott Laboratories, 425 U.S. at 14. In
 12 that case, the entity at issue was a nonprofit hospital. The intended institutional
 13 function, therefore, was the medical care of hospital patients. Id. Using this as a
 14 benchmark, the Court analyzed whether the relevant pharmaceutical products
 15 qualified as “own use.” Prescription refills, sales to hospital medical staff for
 16 subsequent resale, and sales to walk-in customers who were not being treated at the
 17 hospital fell beyond the bounds of “own use” by the hospital because they were
 18 beyond the bounds of medical care of patients in the hospital, and were therefore not
 19 exempt. Id. at 14–15. In contrast, prescriptions used on hospital premises, including
 20 during admission to emergency room; by inpatients or outpatients for personal use
 21 off hospital premises (not including refills); and to hospital employees and physicians
 22 for personal use or use by a dependent were all considered the hospital’s “own use.”
 23 Id. Also, the defendants in Abbott conceded, and the Supreme Court agreed, that
 24 “own use” encompasses a patient “**receiving a shot** or pill while standing upright or

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 27 ²⁴ The fees charged by SNHD for vaccines are limited to the cost of the vaccine plus a
 28 nominal administrative fee. Sorenson Decl. at ¶ 12.

1 otherwise in the outpatient clinic,” see id. at 12 (emphasis added), as well as
 2 outpatient use on the hospital premises generally, id. at 9.

3 Applying Abbott, the Ninth Circuit in De Modena recognized that the Supreme
 4 Court’s mandate requires identifying the entity’s “basic institutional function” and
 5 then deciding which sales fit within that function, rather than adopting the
 6 categorical scenarios posited in Abbott. De Modena, 743 F.2d at 1393. The Kaiser
 7 Heath HMOs had an “extraordinar[il]y broad institution function” of providing a
 8 panoply of health care to their members on a continuing and often preventative basis.
 9 Id. As a result, the Ninth Circuit concluded that “any sale of drugs by an HMO to
 10 one of its members falls within the basic function of the HMO” and, as a result, these
 11 sales fell within the own use exemption to the NPIA. Id.; see also, e.g., In re Brand
 12 Name Prescription Drugs Antitrust Litig., No. 94-897, 1995 WL 715848 (N.D. Ill.
 13 Dec. 4, 1995) (granting summary judgment for defendant because purchases by two
 14 HMOs fell within own use exemption to NPIA). The court also recognized that
 15 because of its unique, broad institutional function, the Kaiser HMO’s “own use”
 16 included certain types of sales that, if made by the hospitals in Abbott, might not
 17 have been protected. See De Modena, 743 F.2d at 1393 n.7.

18 The basic institutional function of SNHD is to promote and protect “the health,
 19 the environment and well-being of Southern Nevada residents and visitors.” One of
 20 its statutorily enumerated responsibilities is to regulate “the prevention,
 21 suppression, and control of any contagious or infectious disease dangerous to the
 22 public health.” NRS 439.350(2). It also has the power “[t]o take whatever action that
 23 is necessary to control communicable diseases.” Clark County Ord., § 3.08.070. None
 24 of these clearly articulated goals is limited to a particular segment of the population
 25 (e.g., the poor or uninsured). Indeed, the prevention of disease through vaccines
 26 requires immunization of as large of a percentage of the population as possible. To
 27 achieve herd immunity, improving access—particularly in historically under-
 28 vaccinated populations—is key. This is precisely how SNHD uses the vaccines it

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1 purchases from GSK. (Sorenson Decl. at ¶¶ 3 and 9–10; SNHD Immunization
 2 Project Dosage Report, SNHD004053-SNHD004114, attached as Exhibit 1-B.)
 3 During the relevant time period, SNHD offered the vaccines purchased from GSK at
 4 its clinic locations and through contracts with local employers. (Sorenson Decl. at
 5 ¶¶ 9 and 13–14.) Employees received vaccinations either at their place of business,
 6 administered by a SNHD health care worker, or at a SNHD clinic location. (See
 7 Sorenson Decl. at ¶ 14; SNHD Workplace Vaccination Records, SNHD004051-
 8 SNHD004052, attached as Exhibit 1-C.)

9 Consistent with its mission, SNHD’s services are administered without regard
 10 to a person’s ability to pay. (Sorenson Decl. at ¶ 3.) SNHD fees are based solely on
 11 the cost of the vaccines plus a nominal administrative fee. This is true for both
 12 vaccines administered in health district clinics and those done pursuant to contract.
 13 (*Id.* at ¶ 12 and 14.) Any revenue collected is deposited in the health district fund
 14 and must—by statute—only be used for the health district itself. NRS 439.363(2).
 15 No private individual or entity, nor any officer or director of SNHD, personally
 16 benefits from fees collected from the administration of vaccines. (Sorenson Decl. at
 17 ¶ 15.)

18 SNHD’s efforts to improve access to important vaccines are particularly
 19 critical with regards to the four vaccines identified in plaintiff’s Amended Complaint:
 20 Boostrix, Engerix, Havrix, and Twinrix (the four vaccines plaintiff has purchased
 21 from GSK²⁵). The Centers for Disease Control and Prevention (“CDC”) recommends
 22 all adults receive a Td/Tdap booster every ten years (Boostrix) and that adults who
 23 were not vaccinated as children for hepatitis A and hepatitis B and whose health, job,
 24 or lifestyle might put them at higher risk for serious disease, receive vaccinations for
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27 ²⁵ See The Vaccine Center Invoices and Purchase Records, TVC_000384-TVC_000405
 28 and TVC_000905-TVC_000911, attached as Exhibit 1-D.

1 those diseases (Engerix, Havrix, Twinrix).²⁶ These recommendations are entirely
2 separate from any recommendations for vaccines for individuals traveling outside of
3 the United States, which is the focus of plaintiff's business.²⁷

4 Where a vaccine is administered is of no relevance to whether it promotes the
5 health district's mission. Unlike a hospital, which functions to care for patients on
6 its premises, the health district's function of reducing the risk of infectious disease in
7 the community is served *at least* equally by a vaccine administered in one of its clinic
8 locations as one administered by a SNHD health care employee at private premises.
9 Facilitating the ease with which the community can obtain immunizations—namely
10 by going to businesses—increases vaccine coverage of the population, and, therefore,
11 furthers the health district's goal of minimizing these dangerous and contagious
12 diseases.

13 A recent FTC Advisory Opinion emphasizes that geographic location of the
14 “use” off-site does not take the conduct outside of the “own use” exception.
15 Community CarePartners, Inc., a non-profit organization providing post-acute care
16 health services, including hospice services,²⁸ sought an opinion from the FTC on
17 whether prescription drugs administered to in-home hospice patients qualify under
18 the own use exemption.²⁹ The FTC concluded that the sale of discounted
19 pharmaceuticals to in-home hospice patients would fall within the own use
20 exemption under the NPIA. In reaching this decision, the FTC found that the goal of

²⁶ See Centers for Disease Control and Prevention, 2014 Recommended Immunizations for Adults by Age, available at <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>.

23

24 ²⁸ Hospice services focus on providing medical care as well as emotional support and resources for people who are in the last stages of a serious illness.

1 CarePartners—to help people “live fully despite injury, illness, disability, or age” and
2 to provide uninterrupted care to those individuals—was undiminished by geographic
3 location. In other words, the place of treatment was irrelevant to an “own use”
4 assessment of the discounted products. The same is true here. SNHD’s mission of
5 improving community health and curtailing infectious disease is furthered equally or
6 more strongly with the administration of vaccines outside of SNHD’s clinics.

7 Similarly, whether a vaccination occurs via an individual visiting a SNHD
8 clinic on his own accord or through a contract with a community employer does not
9 change that both uses are fully aligned with achieving SNHD’s intended mission of
10 reducing the risk of disease. Again, ensuring that large groups of the population
11 receive immunizations advances that goal more rapidly and efficiently.

12 The provision of vaccines by SNHD to the community, therefore, falls squarely
13 within “own use” as it is defined by the Supreme Court and the Ninth Circuit.
14 Accordingly, GSK’s sales of vaccines to SNHD are exempt from the Robinson-Patman
15 Act.

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1 **IV. CONCLUSION**

2 Acting pursuant to the consistently articulated policy and program of the
 3 federal government, and with the documented consent of the specific agency
 4 responsible for administering that policy, GSK, Apexus, and SNHD are immune from
 5 antitrust scrutiny on conduct-based immunity grounds. Even if that were not the
 6 case, the vaccines sold to SNHD are exempt on the basis of the “own use” exemption
 7 under the Nonprofit Institutions Act because their administration to the community
 8 furthers the institutional goal of the health district to improve the health of residents
 9 and visitors and to prevent the spread of infectious and communicable disease.
 10 Neither of these reasons may be cured by re-pleading. Thus, for each of these
 11 separately sufficient reasons, the Court should grant GSK’s summary judgment
 12 motion and dismiss the complaint with prejudice.

13 Dated: July 22, 2014

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CERTIFICATE OF SERVICE

I certify that on July 22, 2014, and according to Fed. R. Civ. P. 5(b), I served via CM/ECF and/or deposited for mailing in the U. S. Mail a true and correct copy of the foregoing *DEFENDANT GLAXOSMITHKLINE'S MOTION FOR SUMMARY JUDGMENT*, postage prepaid and addressed to all parties as identified on the Court-generated Notice of Electronic Filing.

/s/ *Edward Chang*
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